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Conclusion: The diverse presentations of neuroinvasive WNV present diagnostic challenges. Frequent alerts from the Nebraska DHHS prompted deliberate searches for WNV. A high clinical suspicion for neuroinvasive WNV in endemic areas can prevent delays in diagnosis and appropriate care. ■

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Lingual Nerve Anesthesia: A Rare Atypical Presentation of a Vestibular Schwannoma

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Program: Surgery, Division of Oral & Maxillofacial Surgery

Type: Case Report

Background: Vestibular schwannomas (VS) are benign, slow-growing tumors that develop from the vestibular nerve. They classically present with hearing loss and tinnitus. Reported incidence of atypical presentations of VS range from 3.7-10.7%. 1-2 Rarely, VS can impinge on the trigeminal nerve, and result in facial pain or numbness. 3-4 We present an unusual case of VS presenting with isolated anesthesia of the lingual nerve, a branch of the trigeminal nerve.

Methods: A 43-year-old otherwise healthy female was evaluated for new onset numbness of her left tongue that started a few days after a dental cleaning. She denied loss taste. Review of systems was negative otherwise. Examination revealed atrophy of filiform papillae of the left tongue and loss of sensation to both painful stimulus and light touch. Her examination was otherwise normal. A brain magnetic resonance imaging (MRI) was performed to evaluate for both intracranial pathology and extra-cranial lingual nerve pathology.

MRI demonstrated a left cerebellopontine angle mass (maximum diameter, 2.1cm) with signals characteristic of a schwannoma. The mass was noted to be vestibular in origin with impingement on both the trigeminal and facial

cranial nerves. Her symptoms ultimately progressed with loss of sensation of her left lower lip, cheek and forehead. She also reported late symptoms dryness of her left eye.

Results: The patient underwent transcranial tumor resection with confirmation of schwannoma upon histopathologic analysis. The surgery resulted in immediate resolution of her trigeminal nerve anesthesia

Conclusion: Vestibular schwannomas can atypically present as isolated lingual nerve paresthesia. In turn, patients who present with lingual nerve anesthesia without a preceding surgical insult should be considered for brain MRI. ■

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Effect of an External Urinary Collection Device on Catheter Associated Urinary Tract Infections in Hospitalized Women

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Type: Original Research

Background: Catheter-associated urinary tract infections (CAUTIs) are a common hospital acquired infection (HAI) resulting in excess morbidity, mortality, and cost. A female external urine collection device (EUCD) was implemented in our facility in efforts to decrease catheter days and limit CAUTI.

Methods: Retrospective, 32 month, quasi-experimental, pre:post study comparing 14 months before and after EUCD introduction with a three month introduction period.

Results: The overall CAUTI rate per 1000 patient days (PD) decreased slightly from 0.24 to 0.20 (P=0.44; model risk 0.86 (95% CI 0.58-1.26), while the rate per 1000 catheter days (CD) increased slightly 1.5 to 1.6 (P=0.76; model risk 1.06 (95% CI 0.73-1.56). The CAUTI rate for men increased from 0.09 to 0.11 (P=0.42) and from 0.99 to 1.55 (P=0.17); per 1000 PD and 1000 CD, with a model predicted risk of 1.29 and 1.56 respectively. For women, the rate of CAUTI decreased from 0.15 to 0.09 (P=0.10) and from 2.12 to 1.65 (P=0.38) per 1000 PD and 1000 CD, with a model predicted risk of 0.61 and 0.38 respectively. A significant (P<0.0001) decrease in catheter days (CD per 1000 PD) was observed for all hospitalized patients (158.56 to 128.3); men (87.06 to 72.15); women (71.49 to 56.15) with

model predicted risk of 0.81, 0.83, and 0.79 respectively.

Conclusion: Introduction of an EUCD for women was associated with a significantly decreased indwelling catheter usage and a trend (P=0.10) toward decreased CAUTI's per 1000 pt d for women. Additional studies on EUCD association with UTI (both CAUTI and non-catheter UTI) are warranted. ■

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